



SOCIAL PARTICIPATION AND QUALITY OF LIFE IN PHYSICALLY DISABLED PERSONS: A CO-RELATIONAL STUDY

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ABSTRACT

The present study aimed to assess the relationship between social participation and quality of life in people suffering from physical disabilities. For this purpose a sample of one hundred respondents belonging to Srinagar District of Kashmir were selected. The mean age of respondents was 23.2 years. The quality of life and social participation were assessed with the tools namely, Social Participation Scale developed by Brakel, et.al (2006) and Quality of Life Scale by WHO (1996). The results of the study revealed that majority of respondents were having restricted social participation as well as low level of quality of life. The study further revealed a positive correlation between social participation and quality of life. The further, information about variables and results are explained in detail along with discussion and conclusion.

KEY WORDS: Physical Disability, Social Participation, Physical Health, Social Relationship, Quality of Life, Environment.

INTRODUCTION:

In the recent times the concept of Social participation in children and adolescents has become one of the thrust areas for researchers in the field of health, social care and rehabilitation. It is regarded as an important indicator of health, well-being, positive social behaviours, sense of meaning, purpose in life and a key factor for development of social and interaction skills in children (Sørensen, Waldorff, Waldemar 2008, Oliver, Collin, Burns, Nicholas 2006, Hyypä & Mäki 2003; Cattel, 2001 & Law, 2002)

Social participation, as such refers an individual's involvement in life situations, as well as the context in which activities are performed and a process of being included in an area of life, and being accepted or having access to the resources needed for this inclusion. Disability Creation Process (DCP) model conceptualizes social participation as a process of participating in daily activities and social roles that ensure the survival and development of a person in society throughout his or her life (Fougeyrollas, Noreau, Bergeron, Cloutier, Dion & Michel, 1998 & International Classification of Functioning, Disability and Health, 2001). For children, participation includes involvement in everyday activities, such as recreational, leisure, school, and household activities (WHO, 2007). Social participation results from the interaction between individual characteristics and components of his/her environmental that modulate the accomplishment of valued activities or social roles.

Compared to healthy children, children with physical disabilities are characterized by limited social participation across a wide range of domains essential to daily life resulting in difficulty in building relationships and feeling socially isolated as well as low quality of life (Frostd & Pill 2007, Law & Dunn 1993, Greca 1990; Imms, Reilly, Carlin & Dodd, 2009; Bult, Verschuren, Gorter, Jongmans, Piskur & Ketelaar, 2010 and Lyons & Connell 2010). Because it is through interaction with members of social networks, children gain knowledge, learn skills, express creativity, determine meaning of life, and form friendships (Dijkers, Whiteneck and Jaroudi 2008 and Palisano, Almars, Chiarello, Orlin, Bagley and Maggs 2009) and above all, prepares them to become competent within the particular cultural or ecological context in which they live (Tietjen, 2000). Studies have shown that children and adults having any form physical disability results limited participation which in turn effects their quality of life, self-esteem, life-satisfaction and mental health status (Levasseur, Desrosiers, Noreau 2004, Lee, Jang, Lee, Cho, Park 2008, Ahmad, Hafeez 2011; Suzuki, Amagai, Shibata, Tsai 2011 and; Holmes, Joseph 2011). It can be said that physical disability limit the social participation of people over time along with environmental and personal factors and comprises the quality of life in general (Dijkers, 2010).

In this context, it can be said that social participation is central to the quality of life and well-being in particular, and a prerequisite for the maintenance of health resources, such as self-esteem, self-efficacy, and even support and social capital in general (Brakel, Anderson, Mutatkar, Bakirtziev, Nicholls, Raju (2006). Thus far, in Kashmir little research has been conducted among people with physical disabilities regarding the association between their social participation and quality of life. The aim of this study is thus to explore whether social participation is associated with the physical, social, environmental and mental domains of quality of life.

Objectives:

1. To assess the levels of social participation and quality of life of physically disabled.
2. To find the relationship between social participation and quality of life of physically disabled.

METHOD:

Sample:

the sample in the present study consisted of 100 persons suffering from various types of physical disabilities. These respondents were selected on convenient basis from different Governmental and Non-governmental Organisations (*Chottay Taray Foundation, Rajbagh, Srinagar; Composite Regional Centre, Bemina, Srinagar and Voluntary Medicare Society, Bemina, Srinagar*) working for the welfare and rehabilitation of these children. Of the total sample of 100, 54 were males and 46 were females. The mean age of the respondents was 23.2.

Tools:

Social Participation Scale developed by Brakel, Anderson, Mutatkar, Bakirtziev, Nicholls, Raju and Pattanayak (2006) was used to measure the participation level of the respondents. The scale consists of 18 items and has a satisfactory validity and reliability. Quality of Life Scale developed by WHO in the year 1996 was used to measure quality of life. The scale consists of 26 items divided along four dimensions. The responses are collected on a five point Likert scale. The psychometric properties of the scale are quite satisfactory.

Procedure:

Since the sample of the study was sensitive in nature, it was ensured that none of the participant should feel any kind physical or psychological discomfort. Proper permission from both parents and guardians of the respondents was taken to include these respondents in the study and it was also ensured that no violation to the information sought from respondents will take place and all information is meant for purpose of research.

Statistical Analysis:

the data was analyzed with the help of SPSS in order to get the results. Frequency distribution method and correlation method were used.

Table 1: Frequency Distribution of Levels of Social Participation of Physically Challenged Children (N=100)

Social Participation		
Level	Frequency	Percentage
Low	63	63%
Average	32	32%
High	5	5%
Total	100	100%

The above table shows that out of the total sample of 100, 63 (63%), 5 (5%) and 32 (32%) fall in the High, Low and Average level of Social Participation respectively.

Table 2: Frequency Distribution of Levels of Quality of Life of Physically Challenged Children (N=100)

Quality of Life		
Level	Frequency	Percentage
Low	57	57%
Average	36	36%
High	7	7%
Total	100	100%

The above table shows that out of the total sample of 100, 57 (57%), 7(7%) and 36 (36%) fall in the High, Low and Average level of Quality of Life respectively.

Table 3: Correlation between Social Participation and Quality of Life of Physically Challenged Children (N=100)

Dimensions of Quality of Life		r
Social Participation	Physical health	.37*
	Psychological	.40*
	Social relationships	.28*
	Environment	.34*

*= Significant at .01 level of significance

The above table shows the relationship of dimensions quality of life and social support of physically challenged children. From the table it is evident that social participation and dimensions of quality of life are positively related to each other, which indicates that higher the social participation will result in higher quality of life. In other words, we can say that social participation positively affects the quality of life among physically challenged children.

DISCUSSION

The present aimed to study quality of life and social participation in physically disabled persons showed that majority of the subjects fall in the lower side of social participation. In other words, most subjects experienced severe restrictions on their social participation owing primarily to their physical deficits. However, it also calls for attributing the same restriction to contextual factors as supplementary determinants responsible for such restriction in participation. A number of studies have indicated that an interaction between people with disabilities and their environment provide a means for evaluating the degree of social participation (Noreau, Boschen 2010 and Stark, Hollingsworth, Morgan, Gray 2007). Some authors have found that barriers in the physical environment lead to restrictions on participation in social situations among physically disabled people (Levasseur, Desrosiers, Tribble 2008 and Whiteneck, Harrison, Mellick, Brooks, Charlifue, Gerhart, 2004; Lund, Lexell 2009; Keysor, Jette, Coster, Bettger, Haley 2006 and Gray, Hollingsworth, Stark, Morgan 2008). These findings accentuate the fact there should be appropriate and resolute services in the community as these can help the individual return to an active life with ease and comfort (Levasseur, Desrosiers, Tribble 2008). For example in Belo Horizonte, various municipal policies have been implemented with the aim of reducing environmental barriers and increasing accessibility and the social participation of the at-risk population, especially people with disabilities. The location of the city in a mountainous region requires constant investment to accommodate the disabled. Examples of policies designed to address this include a municipal decree that provides for the standardization of sidewalks with features to ensure universal accessibility (Clarke, Ailshire, Bader, Morenoff, House 2008). Other projects in Belo Horizonte that seek to increase access for people with reduced mobility include 1) the adaptation of the city's bus fleet with wider corridors and seats for the elderly, disabled, and obese; 2) the implementation of the a network of fitness centers linked to health care services to promote health and contribute to improving the quality of life for the general population and people with disabilities; 3) efforts to decentralize and regionalize health services; and 4) the use of devices (provision of health services, leisure facilities, etc.) to expand and match access to the needs of the population within the actual context in which they live. Still, more investment is required to address other environmental cultures, usually associated with celebrations, business/social situations, religious ceremonies, and cultural events.

Another aim of this study was to explore association of social participation with quality of life. The results of the study revealed a clear positive relation indicating that higher the participation higher will be the quality of life. These results are confirmed by previous research. For instance the studies have shown that increased social participation among people with disabilities not only increases their quality of life but has salutary effect on other aspects of behavior like self-esteem, positivity, confidence, low stress levels, increased social and life satisfaction, emotional well being, physical and social well being, better academic performance and above all, mental health (Dijkers, Whiteneck and Jaroudi 2008, Palisano, Almars, Chiarello, Orlin, Bagley and Maggs 2009; Levasseur, Desrosiers, Noreau 2004; Lee, Jang, Lee, Cho, Park 2008; Ahmad, Hafeez 2011; Suzuki, Amagai, Shibata, Tsai 2011; Holmes and Joseph 2011; Brakel, Anderson, Mutatkar, Bakirtziev, Nicholls, Raju 2006; Dijkers, Whiteneck and Jaroudi 2008 and; Palisano, Almars, Chiarello, Orlin, Bagley and Maggs 2009). This

evidence highlights the fact that possibilities should be made create increased participation among physically disabled people. For that matter physical infrastructure, social capital and community support needs to there for improving the life standard of these persons.

CONCLUSION

The findings of the study revealed that participation by people with disabilities results in improved quality of life. Hence, advances in rehabilitation services are required, particularly to enrich the social capital of disabled people. Moreover, parents and relatives of disabled people should receive sufficient education and both short as well as long-term strategies for providing suitable support to these people.

REFERENCES

- Ahmad, K., & Hafeez, M. (2011): Factors affecting social participation of elderly people: a study in Lahore. *J Anim Plant Sci.* 2011;21(2):283-289
- Bedell GM, Dumas HM: Social participation of children and youth with acquired brain injuries discharged
- Blum, R.W., Resnick, M.D., Nelson, R., & Germaine, A. (1991): Family and peer issues among adolescents with spina bifida and cerebral palsy. *Pediatrics* 1991, 88(2):280-285.
- Bowes, A., & McColgan, G. (2013): Telecare for older people: Promoting independence, participation and identity. *Research on Aging* 2013, 35(1):32-49.
- Brakel, V., W.H., Anderson, A.M., Mutatkar, R.K., Bakirtziev, Z., Nicholls, P.G., & Raju, M.S. (2006): The Participation Scale: measuring a key concept in public health. *Disabil Rehabil.* 2006;28(4):193-203
- Bult, M., Verschuren, O., Gorter, J., Jongmans, M., Piskur, B., & Ketelaar, M. (2010): Cross-cultural validation and psychometric evaluation of the Dutch language version of the Children's Assessment of Participation and Enjoyment (CAPE) in children with and without physical disabilities. *Clin Rehabil* 2010, 24(9):843 - 853.
- Bult, M., Verschuren, O., Jongmans, M., Lindeman, E., & Ketelaar, M. (2011): What influences participation in leisure activities of children and youth with physical disabilities? A systematic review. *Res Dev Disabil* 2011, 32(5):1521 - 1529.
- Bult, M.K., Verschuren, O., Gorter, J., Jongmans, M., Piškur, B., & Ketelaar, M. (2010): Cross-cultural validation and psychometric evaluation of the Dutch language version of the Children's Assessment of Participation and Enjoyment (CAPE) in children with and without physical disabilities. *Clinical Rehabilitation* 2010, 24(9):843-853.
- Cattell, V. (2001): Poor people, poor places, and poor health: the mediating role of social networks and social capital. *Social Science & Medicine* (1982) 2001, 52(10):1501-1516.22.
- Cerniauskaite, M., Quintas, R., Boldt, C., Raggi, A., Cieza, A., Bickenbach, J.E., & Leonardi, M. (2011): Systematic literature review on ICF from 2001 to 2009: its use, implementation and operationalisation. *Disability and Rehabilitation* 2011, 33(4):281-309.
- Cicerone, K.D., Azulay, J. (2007): Perceived self-efficacy and life satisfaction after traumatic brain injury. *Journal of Head Trauma Rehabilitation* 2007, 22(5):257-266.
- Clarke, P., Ailshire, J.A., Bader, M., Morenoff, J.D., & House, J.S. (2008): Mobility disability and the urban built environment. *Am J Epidemiol.* 2008;168(5):506-13
- Conachie, M.H., Colver, A.F., Forsyth, R.J., Jarvis, S.N., & Parkinson, K.N. (2006): Participation of disabled children: How should it be characterised and measured? *Disability and Rehabilitation* 2006, 28(18):1157-1164.
- Dalemans, R.J.P., Witte, L.P., Wade, D.T., Van, W.J.A. (2008): A description of social participation in working-age persons with aphasia: A review of the literature. *Aphasiology* 2008, 22(10):1071-1091.
- Dijkers, M., Whiteneck, G., & Jaroudi, R. (2000): Measures of social outcomes in disability research. *Arch Phys Med Rehabil* 2000, 81(12, Part B):S63 - S80.
- Eriksson, L., & Granlund, M. (2004): Conceptions of Participation in Students with Disabilities and Persons in Their Close Environment. *Journal of Developmental and Physical Disabilities* 2004, 16(3):229-245.
- Fougeyrollas, P. (2010): Social Participation: Setting the context - From institutional exclusion to social participation. In: *International Encyclopedia of Rehabilitation*. Buffalo, NY: Center for International Rehabilitation Research Information and Exchange (CIRRIE); 2010.
- Fredricks, J.A., & Eccles, J.S. (2006): Is Extracurricular Participation Associated with Beneficial Outcomes? Concurrent and Longitudinal Relations. *Developmental Psychology* 2006, 42(4):698-713.
- Frostad, P., & Pijl, S. (2007): Does being friendly help in making friends? The relation between the social position and social skills of pupils with special needs in mainstream education. *Eur J Spec Needs Educ* 2007, 22(1):15-30.
- Gray, D.B., Hollingsworth, H.H., Stark, S., & Morgan, K.A. (2008): A subjective measure of environmental facilitators and barriers to participation for people with mobility limitations. *Disabil Rehabil.* 2008;30(6):434-57
- Greca, L. (1990): Social consequences of pediatric conditions: fertile area for future investigation and intervention. *Journal Of Pediatric Psychology* 1990, 15(3):285-307.
- Hemmingsson, H., & Jonsson, H. (2005): An occupational perspective on the concept of participation in the International Classification of Functioning, Disability and Health--some critical remarks. *American Journal of Occupational Therapy* 2005, 59(5):569-576.
- Holmes, W.R., & Joseph, J. (2011): Social participation and healthy aging: a neglected, significant protective factor for chronic non-communicable conditions. *Global Health.* 2011;7. <http://dx.doi.org/10.1186/1744-8603-7-43>
- Hyypää, M.T., & Mäki, J. (2003): Social participation and health in a community rich in

- stock of social capital. *Health Education Research* 2003, 18(6):770-779.
25. Imms, C., Reilly, S., Carlin, J., & Dodd, K. (2008): Diversity of participation in children with cerebral palsy. *Dev Med Child Neurol* 2008, 50(5):363 - 369.
 26. Jette, A.M (2006): Toward a common language for function, disability, and health. *Physical Therapy* 2006, 86(5):726-734.
 27. Jette, A.M., Haley, S.M., & Kooyoomjian, J.T. (2003): Are the ICF Activity and Participation dimensions distinct? *Journal Of Rehabilitation Medicine: Official Journal Of The UEMS European Board Of Physical And Rehabilitation Medicine* 2003, 35(3):145-149.
 28. Kang, L., Palisano, R.J., Orlin, M.N., Chiarello, L.A., King, G.A., & Polansky, M. (2010): Determinants of social participation with friends and others who are not family members--for youths with cerebral palsy. *Physical Therapy* 2010, 90(12):1743-1757.
 29. Keysor, J.J., Jette, A.M., Coster, W., Bettger, J.P., & Haley, S.M. (2006) Association of environmental factors with levels of home and community participation in an adult rehabilitation cohort. *Arch Phys Med Rehabil.* 2006;87(12): 1566-75.
 30. King, G. Law, M., King, S., Rosenbaum, P., Kertoy, M.K., & Young, N.L. (2003): A conceptual model of the factors affecting the recreation and leisure participation of children with disabilities. *Physical & occupational therapy in pediatrics* 2003, 23(1):63-90.
 31. Koster, M., Nakken, H., Pijl, S.J., Houten, E.J., Spelberg, H.C. (2008): Assessing Social Participation of Pupils with Special Needs in Inclusive Education: The Construction of a Teacher Questionnaire. *Educational Research and Evaluation* 2008, 14(5):395-409.
 32. Law, M. (2002): Participation in the occupations of everyday life. *American Journal of Occupational Therapy* 2002, 56(6):640-649.
 33. Law, M., & Dunn, W. (1993): Perspectives on understanding and changing the environments of children with disabilities. *Phys Occup Ther Pediatr* 1993, 13(3):1 - 17.
 34. Law, M., & Dunn, W. (1994): Perspectives on understanding and changing the environments of children with disabilities. *Physical & Occupational Therapy in Pediatrics* 1994, 13(3):1-17.
 35. Lee, H.Y., Jang, S.N., Lee, S., Cho, S.I., & Park, E.O. (2008) :The relationship between social participation and self-rated health by sex and age: a crosssectional survey. *Int J Nurs Stud.* 2008;45(7):1042-1054.
 36. Levasseur, M., & Desrosiers, J. (2008): Do quality of life, participation and environment of older adults differ according to level of activity? *Health Qual Life Outcomes.* 2008;6:30. doi: 10.1186/1477-7525-6-30.
 37. Levasseur, M., Desrosiers, J., Noreau, L. (2004): Is social participation associated with quality of life of older adults with physical disabilities? *Disabil Rehabil.* 2004;26(20):1206-1213.
 38. Levasseur, M., Richard, L., Gauvin, L., & Raymond, E. (2010): Inventory and analysis of definitions of social participation found in the aging literature: proposed taxonomy of social activities. *Social Science and Medicine* 2010, 71(12):2141-2149.
 39. Lund, M.L., & Lexell, J. (2009): Associations between perceptions of environmental barriers and participation in persons with late effects of polio. *Scand J Occup Ther.* 2009;16(4):194-204.
 40. Lyons, A., & O'Connell, L. (2010) : The SPARCLE Project: Study of PARTICipation and quality of life of Children with cerebral palsy Living in Europe. In.: SPARCLE: Enable Ireland; 2010.
 41. Noreau, L., & Boschen, K. (2010): Intersection of participation and environment factors: a complex interactive process. *Arch Phys Med Rehabil.* 2010;91(9 Suppl):S44-53
 42. Oliver, K.G, Collin, P., Burns, J., Nicholas, J. (2006): Building resilience in young people through meaningful participation. *AeJAMH (Australian e-Journal for the Advancement of Mental Health)* 2006, 5(1).
 43. Oliver, K.G., Collin, P., Burns, J., & Nicholas, J. (2006): Building resilience in young people through meaningful participation. *AeJAMH (Australian e-Journal for the Advancement of Mental Health)* 2006, 5(1).
 44. Palisano, R., Almars, N., Chiarello, L., Orlin, M., Bagley, A., & Maggs, J. (2009): Family needs of parents of children and youth with cerebral palsy. *Child Care Health Dev* 2009, 36(1):85 - 92.
 45. Piškur, B. (2013): Social participation: Redesign of education, research, and practice in occupational therapy*. *Scandinavian Journal of Occupational Therapy* 2013, 20(1):2-8.
 46. Róiste, A., Kelly, C., Molcho, M., Gavin, A., & Gabhainn, S.N. (2012): Is school participation good for children? Associations with health and wellbeing. *Health Education* 2012, 112(2):88-104.
 47. Rosenbaum, P., Stewart, D. (2004): The World Health Organization International Classification of Functioning, Disability, and Health: a model to guide clinical thinking, practice and research in the field of cerebral palsy. *Seminars in Pediatric Neurology* 2004, 11(1):5-10.
 48. Segal, R., Mandich, A., Polatajko, H., & Valiant, C. J. (2002): Stigma and its management: A pilot study of parental perceptions of the experiences of children with developmental coordination disorder. *American Journal of Occupational Therapy* 2002, 56(4):422-428.
 49. Sørensen, L.V., Waldorff, F.B., Waldemar, G. (2008): Social participation in home-living patients with mild Alzheimer's disease. *Archives of Gerontology and Geriatrics* 2008, 47(3):291-301.
 50. Stark, S., Hollingsworth, H.H., Morgan, K.A., & Gray, D.B. (2007): Development of a measure of receptivity of the physical environment. *Disabil Rehabil.* 2007;29(2):123-37.
 51. Suzuki, M., Amagai, M., Shibata, F., & Tsai, J. (2011): Factors related to self-efficacy for social participation of people with mental illness. *Arch Psychiatr Nurs.* 2011;25(5):359-365.
 52. Van, D., Bracke, P., Van H.G., Josephsson, S., & Vanderstraeten, G. (2010): Perceived participation, experiences from persons with spinal cord injury in their transition period from hospital to home. *International Journal of Rehabilitation Research* 2010, 33(4):346-355.
 53. Whiteneck, G. (2006): Conceptual models of disability: past, present, and future. . In: *Workshop on Disability in America, a New Look: Summary and Background Papers.* edn. Edited by Marilyn Jane Field AMJ, Linda G. Martin. Washington, DC: National Academies Press; 2006: 50-66.
 54. Whiteneck, G.G., Harrison, C.L., Mellick, D.C., Brooks, C.A., Charlifue, S.B., & Gerhart, K.A. (2004): Quantifying environmental factors: a measure of physical, attitudinal, service, productivity, and policy barriers. *Arch Phys Med Rehabil.* 2004;85(8):1324-35
 55. Winkle, M., Crowe, T.K., & Hendrix, I. (2012): Service dogs and people with physical disabilities partnerships: A systematic review. *Occupational therapy international* 2012, 19(1):54-66.
 56. World Health Organization (2001): *International Classification of Functioning, Disability and Health.* In. Geneva: World Health Organization; 2001.
 57. World Health Organization (2002): *Towards a common language for functioning, disability and health.* In. Geneva: World Health Organization; 2002.
 58. World Health Organization (2007): *International classification of functioning, disability and health. Children and youth version.* In. Geneva: World Health Organization; 2007.